

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE			
APPLICANT(S)					
CLAIMS					
	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
1	1				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16	1				
17					
18					
19					
20					
21					
22					
23					
24					
25	1				
26	1				
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.	4				
TOTAL DEP.	22				
TOTAL CLAIMS	26				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS